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## TRACHOMA AND THE ARMY.

### THE DANGERS INCIDENT TO ENLISTING RECRUITS AFFECTED WITH THE DISEASE.

By JOHN McMULLEN, Surgeon, United States Public Health Service.

Now that our country is engaged in raising a great army, it is our duty to prevent the admission to the Army of recruits who may spread disease.

The history of European wars shows that trachoma has been a grave menace to the efficiency of the fighting forces, invaliding thousands of men and blinding large numbers of its victims. So great has been the prevalence in the armies that trachoma was at one time termed "military ophthalmia" and believed to be confined to soldiers. Various articles of their equipment were condemned as being the cause of the disease.

Trachoma has been said to be "as old as the Nile, the simoom, and the desert." It has an historical importance as an epidemic disease of both military and civil life and has made fearful ravages in practically every European country.

Despite the confusing and contradictory statements in connection with trachoma, the contagious character of this disease is unquestionable.

During the first half of the nineteenth century 1 soldier in every 5 of the Belgian Army is said to have suffered from trachoma. It is alleged that upon the recommendation of a noted authority at that time the trachomatous soldiers were discharged from the army to their homes. This procedure cleared the army of trachoma at that particular time, but carried the disease directly to the homes and the civilian population, where it previously did not exist. This removed all doubt as to the contagiousness of trachoma, which at that time was denied by some, and subsequent cases in the army were isolated in special hospitals, which caused a diminution in the disease.

It is stated that in some countries there were frightful epidemics of trachoma, and that the English, Prussian, Russian, and other armies suffered from the ravages of this disease.

During the Russo-Japanese War trachoma was a formidable enemy to be reckoned with in the Japanese Army and large numbers of troops were isolated and treated for this malady.

Some months since it was reported that an epidemic of trachoma was causing considerable anxiety in France, the disease having been brought to that country by African soldiers and laborers. In the army the disease was checked by the quick isolation of all victims and other drastic measures. Among the civilian population, however, the epidemic was still spreading, especially in the larger cities, and the health authorities were taking every precaution. All persons whose eyes showed any inflammation were examined by specialists and isolated if suspicious.

Statistics from the medical inspection of aliens at United States ports indicate that trachoma is found most extensively among the Syrian, Armenian, Hebrew, Italian, Polish, and Greek races. Trachoma, however, extends more or less over the whole world and exists in many places in the United States as an endemic disease. Lasting as it does for years, it is a constant irritation and discomfort to the patient, impairing his earning capacity and efficiency as a workman and soldier, ruining the life and happiness of entire families and finally terminating in many instances in total blindness. After nearly a lifetime of misery the patient is often seen dwarfed in mind and warped in body with the trichiasis, entropion, and other sequelæ still remaining to harass and irritate the now sightless eyes.

Several years ago the Public Health Service instituted an investigation into the prevalence of trachoma in the United States. Investigations were made among the Indians, and the residents of the Appalachian Mountain range and other sections of the country. The Indians were found to be almost universally infected and on some reservations 90 per cent had trachoma. This survey showed that the disease exists more or less throughout "Appalachian America" and, in some portions the infection was found to be as high as 10 to 12 per cent of the population and in some communities even a higher rate of infection was found. In sections of Minnesota trachoma was found. The disease is also reported from Ohio, Indiana, Kansas, and other States. In fact, it is found to be widely distributed in our country. It is not an uncommon thing to see in one family several generations with trachoma. So prevalent and widespread is the infection in some sections of the United States that the Public Health Service has established and maintains in those sections six ophthalmic hospitals for the treatment of trachoma, which is classed by the Government as a dangerous contagious disease.

These hospitals have now been in operation for several years and, during the past year, a total of 19,530 patients were treated; 1,880

patients were admitted to the hospitals and 1,687 operations were performed. Of this number, 1,153 were under local and 534 under general anesthesia. The records show that at least one-half of our trachoma patients have impairment of vision, ranging all the way from slight defects to total blindness. Ulcer and corneal opacity occur in 25 per cent of the cases; pannus is present in 20 per cent; and photophobia was recorded in 33½ per cent; entropion and trichiasis in 10 to 15 per cent of the cases. Entire families are found suffering from trachoma, including both extremes of life.

The diagnosis of trachoma is still based on clinical evidence, since the causal organism is as yet unknown. Diagnosis, therefore, is in many cases difficult. There are many cases which are found only by careful examination as but few if any symptoms may be present at the time of examination and the condition may be said to be latent or dormant. Sooner or later, however, by reason of a foreign body or other excitant, there arises a condition analogous to acute granulations with the watery secretion so characteristic of the disease and the other familiar symptoms. In this stage the disease is highly infectious.

Trachoma is transmitted from the sick to the well by the secretion which is conveyed to the healthy eye by means of such infected articles as towels, handkerchiefs, bed linen, etc.

Like most communicable diseases, trachoma spreads where people are crowded together, as in barracks, penal establishments, orphan asylums, etc.

Armies originally get trachoma from the infected civil population in the areas from which recruits are accepted, and give it back to the people, often with interest, when men are discharged who have served their enlistment or become incapacitated.

Trachoma is essentially a chronic disease, and untreated lasts ordinarily the better part of a lifetime. It is a surgical affection and, if anything like satisfactory or permanent results are to be obtained, it must be by properly and skillfully conducted surgical proceedings, and, in many cases, hospital care.

With the proper surgical procedure followed by the after care and treatment, any case of trachoma can be cured, the length of time required to effect a cure depending upon its duration, severity, and other factors. In children, when seen early, the disease is usually readily eradicated and they can return to school in a short time. While occasionally cases of trachoma continue for years with but comparatively small damage to the cornea, others produce corneal complications early and persistently and the eye is lost in a short time.

The results that are being obtained in the 6 Public Health Service trachoma hospitals are exceedingly satisfactory. During the past

fiscal year about 1,500 cures have been effected. Adults who have suffered from trachoma for years and were dependent upon their friends or the county for support, some being inmates of the poorhouse, have been relieved, are no longer foci of infection, have taken their places in the community, and are earning a livelihood for themselves and family. Children unable to attend school because of the constant physical suffering and impaired vision are now securing the education which would have been impossible but for timely interference.

There is no lack of evidence that we have a great deal of trachoma in this country, and that it is a public health problem to be dealt with before the disease establishes foci everywhere.

As previously stated, trachoma often exists in a latent or dormant stage, and there is grave danger that recruits may be enlisted suffering with this disease unless the greatest care is exercised.

The eyelids of all soldiers and applicants for enlistment should in every instance be everted, the examination to include the retrotarsal fold, and the condition of the membranes noted in a space on the blank form reserved for this purpose. If the eyelids are not smooth and pink, if there is any redness or secretion, especially in the retrotarsal fold, such cases should be segregated for examination by those trained in the diagnosis of trachoma. An applicant who is found to be suffering with a well-marked trachoma, should not be immediately rejected, but should be given treatment and his trachoma cured. He can then be again examined to determine whether he has resulting visual defects sufficient to cause his rejection. In this way a case of contagious disease will be eliminated and probably a good soldier gained.

Any case of trachoma or suspected trachoma detected among soldiers or sailors should be immediately isolated under care and treatment until cured or until the suspected diagnosis is found to be in error.

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### POLIOMYELITIS IN JAPAN.

The following information regarding the occurrence of poliomyelitis in Japan has been furnished by the American consul general and was obtained through the courtesy of the Japanese authorities and medical men. While the data are essentially fragmentary, as is true for this disease in most countries, they show that poliomyelitis has been present in Japan and in a measure the degree of the prevalence.

Reports made to the section of pediatrics of the Fourth General Congress of the Japanese Medical Association give the following frag-

mentary information regarding the prevalence of poliomyelitis in Japan:

*Fukuoka Prefecture.*—During the period from 1904 to 1913, 243 cases of poliomyelitis were admitted to the pediatric clinic of the Imperial University. Most of the cases were of children of from 1 year to 2 years of age. The disease prevailed most severely during the month of May.

*Kagawa Prefecture.*—In 1913 a small epidemic occurred, chiefly affecting children.

*Kumamoto Prefecture.*—An epidemic of poliomyelitis with 28 reported cases occurred in 1912, the greatest prevalence being in May and June.

*Kyoto Prefecture.*—Since the year 1911 poliomyelitis has prevailed sporadically but on a small scale and within a restricted area. The greatest prevalence has been observed in June and July. Children of from 1 year to 2 years have been found most susceptible to the infection.

*Kyushu Prefecture.*—No severe epidemic has been reported.

*Niigata Prefecture.*—From March, 1912, to the close of 1913, 22 cases of poliomyelitis were treated at the Niigata Medical College. Most of these cases were in children between the ages of 1 year and 2 years. The greatest prevalence was during the period from April to August.

*Okayama Prefecture.*—In 1912 an outbreak of poliomyelitis occurred, the period of prevalence being the months of May and June. More than 500 children were attacked and a comparatively large number of cases occurred among adults.

*Tokyo.*—During the past 26 years 449 cases of poliomyelitis have been diagnosed at the Imperial University. The disease prevailed most severely during the months of June, July, and August, and among children between 1 year and 2 years of age.

In July and August, 1916, five cases of poliomyelitis were notified in Japanese and foreign children at the summer resort of Karuizawa.

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## EXPERIMENTAL TYPHUS FEVER IN GUINEA PIGS.

### A DESCRIPTION OF A SCROTAL LESION IN GUINEA PIGS INFECTED WITH MEXICAN TYPHUS.

By M. H. NEILL, Passed Assistant Surgeon, United States Public Health Service.

It is well known that the intraperitoneal inoculation of guinea pigs, with 2 to 4 cc. of blood containing the virus of typhus fever, is followed by a rather characteristic elevation of temperature which will be observed about 10 days subsequently. Not many descriptions of pathological changes as a result of the above procedure have

been reported. Baehr and his coworkers consider certain changes in the spleen, "which is enlarged and congested, with its malpighian bodies prominent,"<sup>1</sup> as typical of typhus fever in the guinea pig. Aside from the above, most workers seem rather to have insisted on the absence of gross lesions, due to the typhus virus, in these experimental animals.

The striking similarity, in many respects, of typhus fever and Rocky Mountain spotted fever, led to the examination of the scrotums of typhus-fever guinea pigs, since very definite lesions of the scrotal tissues are almost uniformly present in the former disease. These changes have been described by Ricketts<sup>2</sup> and other workers.

While the observations recorded in this paper have been in progress there has been ample opportunity for comparative study, as a strain of Rocky Mountain spotted fever has been carried on by transfer from guinea pig to guinea pig.

Lest there be any possibility of misunderstanding, it seems desirable to state that the nonidentity of the two diseases has apparently been thoroughly established by immunological studies.

The guinea pigs on which the observations were based were those inoculated with Mexican typhus directly from human cases or from other guinea pigs or monkeys in which the strains of Mexican typhus were being propagated. The observations were made during 1916 and 1917.

A series of guinea pigs infected with a strain of the so-called "endemic typhus" or Brill's disease, which had been propagated in monkeys and guinea pigs for several years, was examined before attention was focused on the scrotal lesions. While it is possible that a mild type of the lesion may have been present, it certainly was not sufficiently conspicuous to attract attention.

In well-developed male guinea pigs, which had been intraperitoneally injected with the Mexican typhus virus, the following changes have been observed: From 9 to 15 days after inoculation, the temperature of the animal becomes elevated to from 40.5° to 41° C., and if the scrotum, with the testicles in place, be examined, a definite swelling is observed. If the skin be of a light color, some redness may be noted. These external changes subside in a few days. If the animal be killed when the fever and scrotal changes are at their height, dissection reveals the following gross findings: The skin of the scrotum looks apparently normal, but if it be carefully dissected from the tissues immediately beneath, definite hemorrhages appear in the cremasteric fascia, just external to the parietal laminae of the tunica vaginalis. If these structures be incised and the testicle and epididymis exposed, hemorrhages of a similar nature will be noted

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<sup>1</sup> Olitsky, Denzer and Husk, J. Am. M. Ass., 1917, vol. 66, No. 16, p. 1167.

<sup>2</sup> J. Am. M. Ass., 1906, 47, p. 33.

immediately beneath the visceral laminae of the tunica vaginalis. The extent of these hemorrhages varies, from a few minute petechiae to nearly complete envelopment of the testicles by hemorrhagic areas. If the animal be examined at the height of the process, i. e., one to two days after the swelling is first noted, the lesions above described are indistinguishable in their gross appearances from the lesions of Rocky Mountain spotted fever at the same stage of development of the disease, that is, one or two days after the swelling of the scrotum is first noted. In the spotted fever animals, in contradistinction to the typhus animals, the disease becomes progressively more severe. Hemorrhages into the skin of the scrotum take place, and in some cases typical necroses of the scrotum, paws, and ear tips are observed before the death of the animal, which usually follows. On the other hand, the lesions of typhus fever rapidly clear up and soon the animal is as well as ever.

Twenty-six out of 37 male guinea pigs killed at the height of the febrile reaction showed the lesions to be as described. These animals represent several strains of typhus received from El Paso, Tex., and Laredo, Tex., this year.

Lecount<sup>1</sup> and Wolbach<sup>2</sup> have emphasized the significance of vascular lesions in the pathology of Rocky Mountain spotted fever, both in human cases and in guinea pigs. These lesions consist of various grades of reaction to injury of the cells of the endothelium, i. e., endarteritis, and of rather peculiar and characteristic perivascular accumulations of cells.

E. Frankel,<sup>3</sup> Aschoff,<sup>4</sup> and Poindecker,<sup>5</sup> and apparently several other workers whose publications are not now available, have described certain histological changes in typhus fever, especially as regards the exanthem. These writers all describe as characteristic, lesions of the smaller arteries consisting of necrosis of the intima and the perivascular accumulation of cells among which, as in spotted fever, the mononeuclear elements predominate.

In the present study the writer reports that: In guinea pigs infected with Rocky Mountain spotted fever and typhus fever, and killed at about the same stage of development of the lesions, sections of the testicles, epididymis, and their envelopes revealed similar changes. They were as follows:

A. Subperitoneal hemorrhages, presumably due to,

B. Vascular lesions, characterized by degeneration of the intima, proliferation of the endothelium and connective tissue of the vessel walls. Pronounced perivascular infiltration, as noted above, was

<sup>1</sup> Journal of Infectious Disease, 1911, vol. 8, p. 421.

<sup>2</sup> Journal Med. Research, 1916, vol. 34, p. 122.

<sup>3</sup> Münch. Med. Wehnschr., 1914, vol. 61, p. 57.

<sup>4</sup> Med. Klin, 1915, p. 798.

<sup>5</sup> Münch. Med. Wehnschr., 1916, vol. 63, No. 5, p. 176.

found in both diseases. This consisted chiefly of cells of the lymphocyte series and of endothelial leucocytes. Polynuclear leucocytes were present, but distinctly in the minority. The changes were particularly abundant in the small vessels. Thromboses were occasionally observed in the early lesions.

The lesions in spotted fever showed more necrosis, exudation, and, in older specimens, more proliferation in the vessel walls than occurred in the typhus-fever animals.

#### Summary.

1. Definite, gross, and minute pathological changes in the genitals of male guinea pigs reacting to Mexican typhus-fever blood have been described. The gross lesions occurred in about 70 per cent of such animals examined.
2. These depend on lesions of the blood vessels.
3. The lesions are similar in process to, but milder in character than, those occurring in guinea pigs infected with Rocky Mountain spotted fever.



# PREVALENCE OF DISEASE.

*No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.*

## UNITED STATES.

### CURRENT STATE SUMMARIES.

California Report for the Week Ended July 7, 1917.

The California State Board of Health reported concerning the status of preventable diseases in California for the week ended July 7, 1917, as follows: The cases of reportable diseases, with the exception of typhoid fever and cerebrospinal meningitis, were greatly reduced during the week. Of typhoid fever, 21 cases were notified from scattered points in the State. Four cases of cerebrospinal meningitis occurred, 2 in San Diego, 1 each in San Francisco and Placer County. One case of dengue was reported in Kern County. Mumps cases were mostly in the southern part of the State. Diphtheria was notified principally in northern California. Of scarlet fever 53 cases were notified, mostly in San Francisco and Los Angeles.

The details of notifiable disease cases reported in the State during the week ended June 30 are as follows:

Cerebrospinal meningitis.....	4	Pneumonia.....	30
Chicken pox.....	60	Poliomyelitis.....	1
Diphtheria.....	38	Scarlet fever.....	68
Erysipelas.....	10	Smallpox.....	10
German measles.....	32	Syphilis.....	12
Gonococcus infection.....	18	Trachoma.....	1
Malaria.....	6	Tuberculosis.....	119
Measles.....	266	Typhoid fever.....	20
Mumps.....	417	Whooping cough.....	52

### CEREBROSPINAL MENINGITIS.

#### Massachusetts.

Collaborating Epidemiologist Kelley reported that during the week ended July 7, 1917, cases of cerebrospinal meningitis were notified in Massachusetts as follows: Boston, 1; Northampton, 1; Pittsfield, 2.

CEREBROSPINAL MENINGITIS—Continued.

State Reports for May, 1917.

Place.	Now cases reported.	Place.	New cases reported.
Alabama:		Connecticut—Continued.	
Jefferson County.....	2	Hartford County—Continued.	
Lee County.....	1	New Britain.....	4
Monroe County.....	1	Plainville.....	2
Walker County.....	1	South Windsor.....	1
Total.....	5	Windsor.....	2
Connecticut:		New Haven County—	
Fairfield County—		Naugatuck.....	1
Bridgeport.....	1	New Haven.....	4
Stratford.....	1	Waterbury.....	2
Hartford County—		Total.....	48
Hartford.....	27	Washington:	
Manchester.....	3	King County.....	5

City Reports for Week Ended June 23, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio.....	2		Lowell, Mass.....	1	
Atlantic City, N. J.....	1	1	Milwaukee, Wis.....	6	5
Baltimore, Md.....	5	1	Minneapolis, Minn.....	2	
Binghamton, N. Y.....	1		Newark, N. J.....	3	2
Boston, Mass.....	2	2	New Britain, Conn.....	3	2
Bridgeport, Conn.....	1	1	Newburyport, Mass.....	1	1
Buffalo, N. Y.....	1		New York, N. Y.....	7	2
Chicago, Ill.....	10	7	Norfolk, Va.....	1	1
Cincinnati, Ohio.....	1		Omaha, Nebr.....	1	1
Cleveland, Ohio.....	5	2	Pawtucket, R. I.....	1	1
Columbus, Ohio.....	1		Philadelphia, Pa.....	10	8
Davenport, Iowa.....	1		Pittsburgh, Pa.....	4	4
Dayton, Ohio.....	2	2	Pittsfield, Mass.....	1	
Dubuque, Iowa.....	1	1	Providence, R. I.....	2	
Elgin, Ill.....	1	1	Quincy, Ill.....	1	
Elizabeth, N. J.....	4	1	St. Louis, Mo.....	4	3
Erie, Pa.....	1		San Diego, Cal.....	1	
Harrisburg, Pa.....	1		San Francisco, Cal.....	1	
Indianapolis, Ind.....	1		Springfield, Mass.....	2	
Jersey City, N. J.....	3		Superior, Wis.....	1	
Kenosha, Wis.....	1		Troy, N. Y.....	1	1

DIPHTHERIA.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 1117.

ERYSIPELAS.

City Reports for Week Ended June 23, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Binghamton, N. Y.....	1		New York, N. Y.....		2
Boston, Mass.....		2	Oakland, Cal.....	1	
Buffalo, N. Y.....	3		Omaha, Nebr.....	1	
Chicago, Ill.....	22		Philadelphia, Pa.....	6	2
Cincinnati, Ohio.....	1		Pittsburgh, Pa.....	13	
Cleveland, Ohio.....	4		Portland, Ore.....	2	
Dayton, Ohio.....	2		Reading, Pa.....	1	
Detroit, Mich.....	4	1	Rochester, N. Y.....	1	
Duluth, Minn.....	1		St. Joseph, Mo.....	1	
El Paso, Tex.....		1	St. Louis, Mo.....	10	
Harrisburg, Pa.....	1		San Francisco, Cal.....	3	
Kalamazoo, Mich.....	2	1	Seattle, Wash.....	1	
Lancaster, Pa.....	1		South Bethlehem, Pa.....	1	
Los Angeles, Cal.....	3		Takoma, Wash.....	1	
McKeesport, Pa.....	2		Toledo, Ohio.....	1	
Milwaukee, Wis.....	5	1	Trenton, N. J.....	1	1
Newark, N. J.....	9				

## MALARIA.

## Alabama Report for May, 1917.

Place.	New cases reported.	Place.	New cases reported.
<b>Alabama:</b>		<b>Alabama—Continued.</b>	
Blount County.....	3	Lawrence County.....	1
Bullock County.....	1	Madison County.....	1
Butler County.....	1	Marengo County.....	4
Calhoun County.....	1	Marion County.....	1
Choctaw County.....	1	Mobile County.....	1
Clarke County.....	1	Monroe County.....	1
Coffee County.....	1	Perry County.....	1
Crenshaw County.....	1	Pike County.....	2
Cullman County.....	3	Shelby County.....	10
Escambia County.....	1	Sumter County.....	1
Etowah County.....	1	Tallapoosa County.....	1
Geneva County.....	1	Tuscaloosa County.....	6
Greene County.....	10		
Hale County.....	2	Total.....	67
Jefferson County.....	9		

## City Reports for Week Ended June 23, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Birmingham, Ala.....	17		Long Branch, N. J.....	1	
Boston, Mass.....	1		Memphis, Tenn.....		1
Brookton, Mass.....	1		Mobile, Ala.....		1
Brookline, Mass.....	1		Newark, N. J.....	2	
Heboken, N. J.....	1		Washington, D. C.....		1

<sup>1</sup> The reason that Birmingham had so many more cases of malaria reported than any other city is not because the disease is more prevalent in Birmingham than in other cities of Alabama and neighboring States, but undoubtedly because of the successful efforts the health department has made in securing the cooperation of the practicing physicians in reporting cases.

## MEASLES.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 1117.

## PELLAGRA.

## State Reports for May, 1917.

Place.	New cases reported.	Place.	New cases reported.
<b>Alabama:</b>		<b>Alabama—Continued.</b>	
Autauga County.....	2	Lee County.....	1
Barbour County.....	1	Limestone County.....	1
Butler County.....	2	Macon County.....	4
Calhoun County.....	2	Madison County.....	7
Chambers County.....	2	Marengo County.....	1
Cherokee County.....	4	Mobile County.....	35
Choctaw County.....	1	Montgomery County.....	1
Clarke County.....	5	Perry County.....	3
Clay County.....	1	Pickens County.....	3
Cleburne County.....	1	Pike County.....	2
Coffee County.....	1	Randolph County.....	6
Colbert County.....	1	St. Clair County.....	1
Coosa County.....	1	Sumter County.....	1
Crenshaw County.....	2	Talladega County.....	3
Dallas County.....	6	Tallapoosa County.....	7
DeKalb County.....	1	Tuscaloosa County.....	14
Escambia County.....	2	Walker County.....	15
Etowah County.....	2	Washington County.....	1
Fayette County.....	2	Wilcox County.....	3
Greene County.....	5		
Jackson County.....	10	Total.....	175
Jefferson County.....	14		

## PELLAGRA—Continued.

## City Reports for Week Ended June 23, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Birmingham, Ala.....	13	2	Mobile, Ala.....		5
Buffalo, N. Y.....		1	New Orleans, La.....	2	
Charleston, S. C.....		5	Roanoke, Va.....	1	1
El Paso, Tex.....		2	Wilmington, N. C.....	1	3
Hagerstown, Md.....	1		Winston-Salem, N. C.....		1
Kalamazoo, Mich.....	1	1	Worcester, Mass.....	1	
Memphis, Tenn.....	4	1			

<sup>1</sup> The reason that Birmingham had so many more cases of pellagra reported than any other city is not because the disease is more prevalent in Birmingham than in other cities of Alabama and neighboring States, but undoubtedly because of the successful efforts the health department has made in securing the cooperation of the practicing physicians in reporting cases.

## PLAGUE.

## California—Plague-Infected Squirrels Found.

Passed Asst. Surg. Williams reported the finding of plague-infected ground squirrels in California as follows: In Alameda County during the period from June 16 to 27, 1917, 5 infected squirrels were found in township 2, all having been found within a radius of 4 miles of Altamont. In Santa Cruz County, on June 27, 1917, a plague-infected squirrel was found 9 miles east of Watsonville, on the G. F. Silliman ranch.

## PNEUMONIA.

## City Reports for Week Ended June 23, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio.....	1		Memphis, Tenn.....		2
Boston, Mass.....	14	16	Muscatine, Iowa.....	1	
Braddock, Pa.....	1		Newark, N. J.....	16	4
Cambridge, Mass.....	1		Newport, Ky.....	2	2
Chelsea, Mass.....	3	2	North Adams, Mass.....	1	
Chicago, Ill.....	73	57	Northampton, Mass.....	1	
Cleveland, Ohio.....	10	23	Philadelphia, Pa.....	40	29
Detroit, Mich.....	10	21	Pittsburgh, Pa.....	11	16
Duluth, Minn.....	1	3	Reading, Pa.....	1	
Everett, Mass.....	2		Rochester, N. Y.....	9	3
Fall River, Mass.....	2	1	San Diego, Cal.....	2	1
Fitchburg, Mass.....	2	1	San Francisco, Cal.....	8	5
Flint, Mich.....	4		Schenectady, N. Y.....	1	
Hagerstown, Md.....	1		Somerville, Mass.....	1	1
Haverhill, Mass.....	3	1	Terre Haute, Ind.....	3	1
Lawrence, Mass.....	1	1	Wichita, Kans.....	1	1
Los Angeles, Cal.....	8	4	Wilmington, Del.....	3	
Lynn, Mass.....	2	2	Worcester, Mass.....	5	
McKeesport, Pa.....	1				

## POLIOMYELITIS (INFANTILE PARALYSIS).

## Illinois.

The State Board of Health of Illinois reported that during the period from July 3 to 9, 1917, four cases of poliomyelitis were notified in Illinois; one case each in Chicago, Joliet, Zion City, and Melrose Township, Adams County.

## POLIOMYELITIS (INFANTILE) PARALYSIS—Continued.

## Massachusetts.

Collaborating Epidemiologist Kelley reported that during the week ended July 7, 1917, cases of poliomyelitis were notified in Massachusetts as follows: Haverhill 2, Medford 1, Beverly 1, Springfield 1, Lowell 1.

## - Minnesota.

Collaborating Epidemiologist Bracken reported that during the month of June, 1917, four cases of poliomyelitis were notified in Minnesota, making a total of 21 cases reported since January 1, 1917.

## New York—New York City.

The Department of Health of New York City reported that during the month of June, 1917, 66 cases of poliomyelitis were notified in the city of New York, making a total of 99 cases reported since January 1, 1917. In 1916 the number of cases reported during June was 380, with a total of 409 cases notified from January 1 to June 30.

## Vermont.

Collaborating Epidemiologist Dalton reported the occurrence of cases of poliomyelitis in Vermont as follows: In the town of Barre, from June 16 to July 7, 4 cases; in Fayston on July 7, 1; in Montpelier, from June 19 to July 7, 29; in Waitsfield, from June 16 to July 7, 6; in Washington, from June 27 to July 7, 2 cases.

## State Reports for May, 1917.

Place.	New cases reported.	Place.	New cases reported.
Alabama:		Connecticut—Continued.	
Cleburne County.....	1	New Haven County—Continued.	
Jefferson County.....	1	Naugatuck.....	1
Tuscaloosa County.....	1	New Haven.....	1
Total.....	3	Total.....	5
Connecticut:		Hawaii:	
Fairfield County—		Oahu—	
Stamford.....	1	Honolulu.....	1
Hartford County—		Washington:	
Southington.....	1	Island County—	
New Haven County—		Langley.....	1
Branford.....	1		

## City Reports for Week Ended June 23, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Chicago, Ill.....		1	Newark, N. J.....	1	1
Cincinnati, Ohio.....		1	New York, N. Y.....	8	
Cleveland, Ohio.....	1		Portsmouth, N. H.....	1	
Covington, Ky.....	1		St. Louis, Mo.....	1	
Haverhill, Mass.....	4		Worcester, Mass.....	1	
Jersey City, N. J.....	1	1			

**RABIES IN ANIMALS.**

**City Report for Week Ended June 23, 1917.**

During the week ended June 23, 1917, 4 cases of rabies in animals were reported at Detroit, Mich.

**ROCKY MOUNTAIN SPOTTED FEVER.**

**Nevada—Humboldt County.**

The State Board of Health of Nevada reported July 10, 1917, that five cases of Rocky Mountain spotted fever had been notified in Humboldt County, Nev.

**Washington Report for May, 1917.**

During the month of May, 1917, 3 cases of Rocky Mountain spotted fever were reported at Odessa, Lincoln County, Wash.

**SCARLET FEVER.**

See Diphtheria, measles, scarlet fever, and tuberculosis, page 1117.

**SMALLPOX.**

**Minnesota.**

Collaborating Epidemiologist Bracken reported that during the week ended July 7, 1917, 5 new foci of smallpox infection were reported in Minnesota, cases of the disease having been notified as follows: Chisago County, Rush City, 17 (cases occurred in May and June); Crow Wing County, Manganese, 1; Polk County, Angus Township, 1; Todd County, Moran Township, 1; Washington County, Marine, 1.

**Miscellaneous State Reports.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alabama (May 1-31):			Washington (May 1-31):		
Calhoun County.....	1		Chelan County—		
Chambers County.....	24		Wenatchee.....	1	
Etowah County.....	5		Clark County.....	1	
Jackson County.....	13		Ridgefield.....	2	
Limestone County.....	4		King County—		
Macon County.....	4		Seattle.....	2	
Madison County.....	11		Kitsap County—		
Marshall County.....	1		Charleston.....	1	
Montgomery County.....	5		Kittitas County—		
Talladega County.....	1		Ellensburg.....	1	
Tallapoosa County.....	2		Klickitat County.....	1	
Total.....	71		Pacific County.....	1	
Connecticut (May 1-31):			Pend Oreille County.....	2	
Fairfield County—			Pierce County—		
Norwalk.....	2		Tacoma.....	9	
Hartford County—			Snohomish County.....	1	
Berlin.....	22		Spokane County.....	22	
Bristol.....	2		Spokane.....	5	
Hartford.....	1		Walla Walla County—		
New Britain.....	1		Waitsburg.....	1	
Southington.....	7		Whatcom County—		
Litchfield County—			Bellingham.....	3	4
Torrington.....	1		Yakima County.....	3	
Winchester.....	1		North Yakima.....	1	
New Haven County—			Toppenish.....	2	
New Haven.....	2		Total.....	59	
Oxford.....	2				
Southbury.....	4				
Wallingford.....	1				
Waterbury.....	8				
New London County—					
Groton.....	1				
Total.....	55				

## SMALLPOX—Continued.

## City Reports for Week Ended June 23, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio.....	22		Minneapolis, Minn.....	22	
Alton, Ill.....	3		Muscataine, Iowa.....	1	
Austin, Tex.....	1		Nashville, Tenn.....	3	
Cairo, Ill.....	2		New Castle, Pa.....	1	
Canton, Ohio.....	1		New Orleans, La.....	1	
Chicago, Ill.....	7		Oklahoma City, Okla.....	7	
Cincinnati, Ohio.....	1		Omaha, Nebr.....	2	
Cleveland, Ohio.....	17		Philadelphia, Pa.....	1	
Castle, Kans.....	1		Pittsburgh, Pa.....	2	
Columbus, Ohio.....	1		Pontiac, Mich.....	1	
Covington, Ky.....	1		Portland, Oreg.....	2	
Danville, Ill.....	1		Quincy, Ill.....	4	
Dayton, Ohio.....	3		Roanoke, Va.....	1	
Detroit, Mich.....	11		Rock Island, Ill.....	1	
Dubuque, Iowa.....	1		St. Joseph, Mo.....	5	
Duluth, Minn.....	6	2	St. Louis, Mo.....	11	
Erie, Pa.....	3		Salt Lake City, Utah.....	2	
Evansville, Ind.....	1		Sioux City, Iowa.....	12	
Fitchburg, Mass.....	2		Springfield, Ill.....	1	
Flint, Mich.....	4		Springfield, Ohio.....	2	
Fort Worth, Tex.....	3		Steelton, Pa.....	2	
Green Bay, Wis.....	1		Superior, Wis.....	1	
Indianapolis, Ind.....	6		Tacoma, Wash.....	2	
Kansas City, Kans.....	1		Terre Haute, Ind.....	2	
Kansas City, Mo.....	21		Toledo, Ohio.....	1	
Kenosha, Wis.....	2		Topeka, Kans.....	2	
Little Rock, Ark.....	4		Wichita, Kans.....	3	
Madison, Wis.....	1		Worcester, Mass.....	2	2
Memphis, Tenn.....	6		Zanesville, Ohio.....	2	
Milwaukee, Wis.....	7				

## TETANUS.

## City Reports for Week Ended June 23, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Boston, Mass.....	1		Long Beach, Cal.....	1	
Charleston, S. C.....		1	Newark, N. J.....	1	
Chicago, Ill.....	1		Pittsburgh, Pa.....		1
Danville, Ill.....	1	1	St. Louis, Mo.....	3	
Evansville, Ind.....	1	1	Wheeling, W. Va.....		1

## TUBERCULOSIS.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 1117.

## TYPHOID FEVER.

## State Reports for May, 1917.

Place.	New cases reported.	Place.	New cases reported.
Alabama:		Alabama—Continued.	
Bibb County.....	1	Elmore County.....	5
Butler County.....	1	Escambia County.....	4
Chilton County.....	1	Etowah County.....	3
Choctaw County.....	1	Franklin County.....	1
Clarke County.....	1	Greene County.....	1
Coffee County.....	1	Hale County.....	1
Conecuh County.....	1	Jefferson County.....	82
Coosa County.....	1	Lamar County.....	1
Covington County.....	3	Lee County.....	1
Crenshaw County.....	1	Limestone County.....	1
Cullman County.....	1	Madison County.....	1
Dallas County.....	2	Marengo County.....	5
DeKalb County.....	7	Marshall County.....	2

TYPHOID FEVER—Continued.

State Reports for May, 1917—Continued.

Place.	New cases reported.	Place.	New cases reported.
Alabama—Continued.		Hawaii—Continued.	
Mobile County.....	19	Kaui—	
Montgomery County.....	3	Hanalei District.....	1
Morgan County.....	1	Maul—	
Pike County.....	2	Hana District.....	1
Randolph County.....	2	Oahu—	
Russell County.....	2	Honolulu.....	1
Shelby County.....	2	Total.....	17
St. Clair County.....	1		
Sumter County.....	1	Washington:	
Talladega County.....	8	Benton County.....	1
Tallapoosa County.....	3	Prosser.....	2
Tuscaloosa County.....	5	Chelan County—	
Walker County.....	4	Wenatchee.....	1
Washington County.....	4	Clark County—	
Wilcox County.....	1	Vancouver.....	1
Winston County.....	1	Franklin County.....	2
Total.....	189	King County.....	1
		Seattle.....	2
Connecticut:		Lincoln County.....	3
Fairfield County—		Davenport.....	4
Bridgeport.....	1	Odessa.....	5
Danbury.....	1	Okanogan County.....	1
Greenwich.....	1	Concomully.....	1
Norwalk.....	4	Pierce County—	
Hartford County—		Tacoma.....	2
Enfield.....	1	Skagit County.....	1
Glastonbury.....	1	Snohomish County—	
Hartford.....	2	Edmonds.....	1
Litchfield County—		Everett.....	15
Canaan.....	1	Index.....	1
New Haven County—		Spokane County—	
New Haven.....	5	Spokane.....	4
New London County—		Stevens County.....	5
Griswold.....	2	Wahkiakum County.....	1
Jewett City.....	3	Walla Walla County.....	4
Windham County—		Whitman County—	
Woodstock.....	1	Colfax.....	4
Total.....	23	Yakima County.....	4
		Total.....	66
Hawaii:			
Hawaii—			
Hamakua District.....	12		
Hilo.....	1		
Puna District.....	1		

City Reports for Week Ended June 23, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio.....	1		Grand Rapids, Mich.....	1	
Albany, N. Y.....	2		Hamilton, Ohio.....	2	1
Baltimore, Md.....	6	2	Indianapolis, Ind.....	1	
Beaver Falls, Pa.....	1		Kansas City, Mo.....	1	2
Birmingham, Ala.....	13	2	Little Rock, Ark.....	1	
Boston, Mass.....	4		Long Branch, N. J.....	1	
Bridgeport, Conn.....	1		Los Angeles, Cal.....	2	
Brockton, Mass.....	1		Lowell, Mass.....	2	
Cambridge, Mass.....	1	1	Lynchburg, Va.....	4	
Charleston, S. C.....	7	1	Madison, Wis.....		1
Chelsea, Mass.....	3		Memphis, Tenn.....	4	1
Chicago, Ill.....	2	2	Milwaukee, Wis.....	3	1
Cleveland, Ohio.....	1		Minneapolis, Minn.....	1	
Columbus, Ohio.....	2	1	Mobile, Ala.....	1	1
Danville, Ill.....	1		Nashville, Tenn.....	3	
Dayton, Ohio.....	1	2	Newark, N. J.....	1	
Detroit, Mich.....	13	1	New Haven, Conn.....	1	
Duluth, Minn.....		1	New London, Conn.....	1	
East Orange, N. J.....	1		New Orleans, La.....	7	
Erie, Pa.....	1		New York, N. Y.....	20	3
Fall River, Mass.....	4		Niagara Falls, N. Y.....	1	
Flint, Mich.....	6		Norristown, Pa.....	1	
Fort Worth, Tex.....			Oakland, Cal.....	3	



## TYPHOID FEVER—Continued.

## City Reports for Week Ended June 23, 1917—Continued.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Ogden, Utah.....	2	.....	Schenectady, N. Y.....	2	.....
Oklahoma City, Okla.....	1	.....	Seattle, Wash.....	2	.....
Pawtucket, R. I.....	1	.....	South Bend, Ind.....	3	.....
Philadelphia, Pa.....	32	2	Taunton, Mass.....	1	.....
Pittsburgh, Pa.....	2	1	Toledo, Ohio.....	.....	1
Plainfield, N. J.....	1	.....	Trenton, N. J.....	1	.....
Portland, Me.....	1	.....	Troy, N. Y.....	1	.....
Richmond, Va.....	4	.....	Washington, D. C.....	5	.....
Rocky Mount, N. C.....	1	.....	Williamsport, Pa.....	1	.....
St. Louis, Mo.....	3	.....	Wilmington, Del.....	3	2
Salt Lake City, Utah.....	10	2	Winston-Salem, N. C.....	2	.....
San Francisco, Cal.....	4	.....	Worcester, Mass.....	1	.....
Sacramento, Cal.....	4	.....	Zanesville, Ohio.....	.....	1

## DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

## State Reports for May, 1917.

State.	Cases reported.			State.	Cases reported.		
	Diphtheria.	Measles.	Scarlet fever.		Diphtheria.	Measles.	Scarlet fever.
Alabama.....	21	2,050	25	Hawaii.....	3	16	1
Connecticut.....	142	1,430	140	Washington.....	36	201	68

## City Reports for Week Ended June 23, 1917.

City.	Population as of July 1, 1916 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
<b>Over 500,000 inhabitants:</b>										
Baltimore, Md.....	589,621	160	4	.....	166	2	14	.....	56	20
Boston, Mass.....	756,476	242	74	7	192	3	26	2	54	32
Chicago, Ill.....	2,497,722	629	181	17	459	4	246	13	243	56
Cleveland, Ohio.....	674,073	181	36	1	69	1	11	1	45	22
Detroit, Mich.....	571,784	184	97	9	22	3	81	2	29	14
Los Angeles, Cal.....	503,812	.....	7	1	79	1	18	.....	56	25
New York, N. Y.....	5,602,841	1,339	245	15	843	19	113	2	248	221
Philadelphia, Pa.....	1,709,518	462	60	8	175	1	17	.....	94	52
Pittsburgh, Pa.....	579,090	193	23	.....	149	2	14	.....	28	18
St. Louis, Mo.....	757,309	189	75	1	73	.....	71	.....	51	16
<b>From 300,000 to 500,000 inhabitants:</b>										
Buffalo, N. Y.....	468,358	138	14	.....	39	.....	10	1	31	18
Cincinnati, Ohio.....	410,476	123	11	1	11	.....	5	.....	27	16
Jersey City, N. J.....	306,345	74	8	1	58	.....	13	.....	21	6
Milwaukee, Wis.....	436,535	92	19	4	68	1	45	2	29	8
Minneapolis, Minn.....	363,454	.....	9	.....	21	.....	8	.....	.....	.....
Newark, N. J.....	408,894	91	22	3	38	.....	17	.....	34	6
New Orleans, La.....	371,747	.....	6	.....	.....	.....	2	.....	32	.....
San Francisco, Cal.....	463,516	147	13	1	52	.....	6	.....	17	12
Seattle, Wash.....	348,630	67	1	1	12	.....	4	.....	9	5
Washington, D. C.....	363,980	.....	1	1	128	.....	6	.....	26	6
<b>From 200,000 to 300,000 inhabitants:</b>										
Columbus, Ohio.....	214,878	67	.....	.....	5	.....	3	.....	8	5
Denver, Colo.....	260,800	.....	5	.....	25	.....	1	.....	.....	15
Indianapolis, Ind.....	271,708	.....	9	.....	74	.....	11	.....	14	.....
Kansas City, Mo.....	297,847	.....	71	9	17	.....	13	.....	65	11
Portland, Oreg.....	295,465	.....	42	4	7	1	5	.....	5	4
Providence, R. I.....	254,960	.....	74	12	1	6	4	.....	.....	10
Rochester, N. Y.....	256,417	65	3	.....	99	2	18	.....	11	7

**DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—**  
Continued.

**City Reports for Week Ended June 23, 1917—Continued.**

City.	Population as of July 1, 1916 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 100,000 to 200,000 inhabitants:										
Albany, N. Y.	104,199				36		4		9	
Birmingham, Ala.	181,762	92			14	1	1		34	11
Bridgeport, Conn.	121,579	28	5		8	1	2		4	2
Cambridge, Mass.	112,981	22	3		18	1	2		8	5
Camden, N. J.	106,233		8		18		2		3	
Dayton, Ohio	127,224	40	1		27		8		4	3
Fall River, Mass.	128,366	39	1		37	2			15	5
Fort Worth, Tex.	104,562	26	2							
Grand Rapids, Mich.	128,291	30	2		37				1	1
Lawrence, Mass.	100,560	19	3						5	1
Lowell, Mass.	113,215	31	17	1	6				7	2
Lynn, Mass.	102,425	19	1		11		7	1	6	1
Memphis, Tenn.	148,995	60					3		29	7
Nashville, Tenn.	117,057	31			1		1		3	1
New Bedford, Mass.	118,158	41		1	32				6	6
New Haven, Conn.	149,685		3	1	72				8	6
Oakland, Cal.	198,604	39	3				3		3	5
Omaha, Nebr.	165,470	50	1		23		15		1	6
Reading, Pa.	100,381	21	5		1		3		4	2
Richmond, Va.	156,687	54			13				3	5
Salt Lake City, Utah	117,329	25	1		3		16			1
Springfield, Mass.	105,942	37	6	1	18		5		9	3
Syracuse, N. Y.	155,621	42	2	1	50		12		3	3
Tacoma, Wash.	112,770		1				2			2
Toledo, Ohio	181,551	68	4	1	51		21	1	1	11
Trenton, N. J.	111,523	37	2		4		1		5	3
Worcester, Mass.	163,314	42	7		8	1	11		5	5
From 50,000 to 100,000 inhabitants:										
Akron, Ohio	55,623		25		9				12	
Allentown, Pa.	63,595	11	2		1		3			
Altoona, Pa.	58,639		2		4				1	
Atlantic City, N. J.	57,060		1		22				1	1
Bayonne, N. J.	66,363				1				2	
Berkeley, Cal.	57,655	8			8		1			
Binghamton, N. Y.	54,973	23	4		19		3			1
Brookton, Mass.	67,449	17	1		8		1		3	2
Canton, Ohio	60,552	14	7	3	2		1		1	
Charleston, S. C.	60,794	26								3
Covington, Ky.	57,144	15	1				3		1	5
Duluth, Minn.	54,335	14	2		30	1	2		2	
Elizabeth, N. J.	56,390	21	4		52		2		3	
El Paso, Tex.	63,195	56			4		1			9
Erie, Pa.	75,115		2		5		8		4	20
Evansville, Ind.	76,678	16	2						4	4
Flint, Mich.	54,772	10	2		26		13		6	1
Fort Wayne, Ind.	76,183	22	2		23		2		21	
Harrisburg, Pa.	72,015	29	3		12		1		3	
Hoboken, N. J.	77,214	14	2		12		4		6	1
Johnstown, Pa.	68,529	24			13		7		3	
Kansas City, Kans.	99,437		3		2		3		2	1
Lancaster, Pa.	50,853				8		1			
Little Rock, Ark.	57,343	9								
Malden, Mass.	51,155	7	5		30		2			2
Manchester, N. H.	78,283	28	1	1	2		1		1	3
Mobile, Ala.	58,221	31	1		2					
New Britain, Conn.	53,794	13			3					
Norfolk, Va.	89,612				3				4	2
Oklahoma City, Okla.	92,943	17								3
Passaic, N. J.	71,744	17	10	2			2			3
Pawtucket, R. I.	59,411		1	1						1
Portland, Me.	63,867	19	2		19					2
Rockford, Ill.	55,185	13	2	1	23		2	1	1	
Sacramento, Cal.	66,895	28	1		8		2		2	3
Saginaw, Mich.	55,642	23	2		3		7			3
St. Joseph, Mo.	85,236	18	4		3		5		2	3
San Diego, Cal.	53,330	33			33				9	3
Schenectady, N. Y.	99,519	10	3		55				5	2
Sioux City, Iowa	57,078						3			
Somerville, Mass.	87,039	22	6	1	20		2		4	3

# DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended June 23, 1917—Continued.

City.	Popula- tion as of July 1, 1916 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 50,000 to 100,000 inhabit- ants—Continued.										
South Bend, Ind.	68,946	16	1		17		3		1	
Springfield, Ill.	61,120	9	3	1	9		1			
Springfield, Ohio.	51,350	15	3		16			2	2	2
Terre Haute, Ind.	66,083	39			9		2			
Troy, N. Y.	77,916		1		11		3		6	4
Wichita, Kans.	70,722				1		1		2	1
Wilkes-Barre, Pa.	76,776	18	1		32		1		7	2
Wilmington, Del.	94,265	28	2				2		3	
York, Pa.	51,656		1		3					
From 25,000 to 50,000 inhabit- ants:										
Alameda, Cal.	27,732	3			3		1			
Austin, Tex.	34,814	11	1							2
Bellingham, Wash.	32,985	6			1					
Brookline, Mass.	32,730	4	2		4				1	
Butler, Pa.	27,632	10	1		1					1
Butte, Mont.	43,425		1		1		3			
Chelsea, Mass.	46,192	7	3		4				2	
Chicopee, Mass.	29,319	7	2	1	2		1		1	1
Cumberland, Md.	26,074	3	1		3				1	
Danville, Ill.	52,261	10			7				1	
Davenport, Iowa.	48,811			1	5					
Dubuque, Iowa.	39,873						3		1	1
East Chicago, Ind.	28,743				6		2		1	1
East Orange, N. J.	42,458	6			12		2		2	1
Elgin, Ill.	28,203	9			2					1
Everett, Mass.	39,233	6	3		9				5	1
Everett, Wash.	35,486	4			2		4			1
Fitchburg, Mass.	41,781	6	1		32		3		2	1
Galveston, Tex.	41,863	11	1						1	1
Green Bay, Wis.	29,353	12								
Hagerstown, Md.	25,679				3					
Hamilton, Ohio.	40,496	7	1		1		1		2	2
Haverhill, Mass.	48,477		1		1		1		4	4
Jackson, Mich.	53,363	15	1		28		2		2	1
Kalamazoo, Mich.	48,886	25	2		59		1			2
Kenosha, Wis.	31,576	4			15		3			
Kingston, N. Y.	26,771	7			6					1
Knoxville, Tenn.	38,676		2		2		1		3	
La Crosse, Wis.	31,677	11	1		2		1		1	
Lexington, Ky.	41,097	10			2		2			
Lima, Ohio.	35,384	8	3	2	2		2		1	1
Lincoln, Nebr.	46,515	17	2		5		2			
Long Beach, Cal.	27,587	8			6				2	
Lorsain, Ohio.	36,964		1				2		1	
Lynchburg, Va.	32,940	11			7		1			3
Madison, Wis.	30,699				3		3			
McKeesport, Pa.	47,521	7			1				1	1
Medford, Mass.	26,234	5			1		2			
Montclair, N. J.	26,318	8	1		6				1	1
Nashua, N. H.	27,327	8								
Newburgh, N. Y.	29,603	10			6				2	
New Castle, Pa.	41,133				1					
Newport, Ky.	31,927	12							1	1
Newport, R. I.	30,108	8					2			
Newton, Mass.	43,715	8			11				1	
Niagara Falls, N. Y.	37,353	15	1		5				2	2
Norristown, Pa.	31,401	5								1
Ogden, Utah.	31,404	5			1		2			
Orange, N. J.	33,080	12	3	1	1		2		1	1
Pasadena, Cal.	46,450	14			1					
Perth Amboy, N. J.	41,185	7	1		1				1	
Pittsfield, Mass.	38,629	15			39					5
Portsmouth, Va.	39,651	11	1		1		4			1
Quincy, Ill.	36,798	9	1		2					
Quincy, Mass.	38,136	6			5				1	
Racine, Wis.	46,486	10								
Roanoke, Va.	43,284	12	2		2					1
Rock Island, Ill.	28,926	10			3					
San Jose, Cal.	38,902				7		3		1	

**DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—**  
Continued.

**City Reports for Week Ended June 23, 1917—Continued.**

City.	Popula- tion as of July 1, 1916 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 25,000 to 50,000 inhabit- ants—Continued.										
Steubenville, Ohio.....	27,445	10								
Superior, Wis.....	46,226	5	2	1						
Taunton, Mass.....	36,283	14			3					3
Topeka, Kans.....	48,726	8			3		1			
Waltham, Mass.....	30,570	9	2	1	28				1	
Watertown, N. Y.....	29,894				23				1	
West Hoboken, N. J.....	43,139	8	1		4		2		2	
Wheeling, W. Va.....	43,377	19			4					1
Williamsport, Pa.....	33,809		6		8					
Wilmington, N. C.....	29,892	18			2					2
Winston-Salem, N. C.....	31,155	23			2				3	1
Zanesville, Ohio.....	30,963	9		1	2		2			1
From 10,000 to 25,000 inhabitants:										
Alton, Ill.....	22,874	7	1		3		1			
Ann Arbor, Mich.....	15,010	7			16				1	
Beaver Falls, Pa.....	13,532				1					
Berlin, N. H.....	13,599	1			2					
Braddock, Pa.....	21,685				2		1		3	
Cairo, Ill.....	15,794	6								1
Clinton, Mass.....	13,075	7			2				2	
Coffeyville, Kans.....	17,548									2
Concord, N. H.....	22,669	7			30				1	
Galesburg, Ill.....	24,276	5			6					
Harrison, N. J.....	16,950				6					
Kearny, N. J.....	23,539	4			10		1			
Kokomo, Ind.....	20,930									1
Long Branch, N. J.....	15,395		1		5				1	
Marinette, Wis.....	14,610	3								1
Melrose, Mass.....	17,445	6	5		6					1
Morristown, N. J.....	13,284	4							1	
Muscatine, Iowa.....	17,500						1			
Nanticoke, Pa.....	23,126	5								
Newburyport, Mass.....	15,243	4			5					
New London, Conn.....	20,985	8			2					
North Adams, Mass.....	22,019	4			23		2			
Northampton, Mass.....	19,926	4			4					1
Plainfield, N. J.....	23,805	3							1	
Pontiac, Mich.....	17,524				12		9			
Portsmouth, N. H.....	11,666						2			
Rocky Mount, N. C.....	12,067	6							1	
Rutland, Va.....	14,831	3			2		1			
Sandusky, Ohio.....	20,193	6			15				2	
Saratoga Springs, N. Y.....	13,821	2	1		1				1	
South Bethlehem, Pa.....	24,204									1
Steeleton, Pa.....	15,548	3			6				5	
Washington, Pa.....	21,618				2					
Wilksburg, Pa.....	23,228	10	1		2		1		1	
Woburn, Mass.....	15,969	5								1

<sup>1</sup>Population April 15, 1910; no estimate made.

# FOREIGN.

## PLAGUE ON VESSEL.

Further Relative to Steamship "Sardinia"—Port of London.<sup>1</sup>

Two additional cases of plague occurred among members of the crew of the steamship *Sardinia* at the port of London during the period from May 3 to 8, 1917.

## CHINA.

Examination of Rats—Shanghai.

During the period from May 6 to June 2, 1917, 1,186 rats were examined at Shanghai. No plague infection was found. The last plague-infected rat at Shanghai was reported found May 6, 1916.

## MEXICO.

Yellow Fever—Peto, Yucatan.

A fatal case of yellow fever was reported June 23, 1917, at Peto, State of Yucatan, Mexico. The patient had recently arrived from Mexico City.

Peto is the terminal of a railroad connecting the town with Merida and Progreso.

## CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER.

Reports Received During the Week Ended July 13, 1917.<sup>2</sup>

### CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
<b>India:</b>				
Bassein.....	Apr. 1-21.....		7	
Calcutta.....	Apr. 29-May 5.....		56	
Madras.....	Apr. 22-28.....	1	1	
Rangoon.....	Apr. 21-28.....	19	7	
<b>Philippine Islands:</b>				
Provinces.....				May 20-26, 1917: Cases, 191;
Albay.....	May 20-26.....	19	10	deaths, 82.
Bohol.....	do.....	86	42	
Cebu.....	do.....	43	20	
Sorsogon.....	do.....	42	15	
Tayabas.....	do.....	1	1	

<sup>1</sup> Public Health Reports, June 22, 1917, p. 1000.

<sup>2</sup> From medical officers of the Public Health Service, American consuls, and other sources.

**CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—**  
Continued.

**Reports Received During the Week Ended July 13, 1917—Continued.**

**PLAGUE.**

Place.	Date.	Cases.	Deaths.	Remarks.
Arabia:				
Aden.....	May 3-14.....		24	
Ceylon:				
Colombo.....	Apr. 8-May 14....	33	30	
China:				
Kwangtung Province— Ta-pu district.....	June 2.....			Present.
Great Britain:				
London.....	May 3-8.....	2	2	In hospital at port. From s. s. Sardinia from Australian and Oriental ports.
India.....				Apr. 15-May 5, 1917: Cases, 26,206; deaths, 21,469.
Bassein.....	Apr. 1-21.....		31	
Bombay.....	Apr. 22-28.....	115	96	
Calcutta.....	Apr. 29-May 5....		10	
Benzada.....	Apr. 1-21.....		20	
Karachi.....	Apr. 22-May 5....	229	214	
Madras Presidency.....	Apr. 22-28.....	100	88	
Mandalay.....	Apr. 8-14.....		1	
Moulmein.....	Apr. 1-21.....		41	
Myingyan.....	Apr. 1-7.....		1	
Rangoon.....	Apr. 15-28.....	52	51	
Toungoo.....	Apr. 8-14.....		2	
Siam:				
Bankok.....	Apr. 22-May 12....	8	8	

**SMALLPOX.**

Canada:				
Halifax.....	June 18-23.....	2		
China:				
Antung.....	May 21-27.....	1		Varioloid.
Chefoo.....	May 20-26.....		1	
Chungking.....	May 13-26.....			Present.
Mukden.....	May 27-June 2....			Do.
Shanghai.....	May 21-June 3....	6	9	Cases foreign; deaths among natives.
Tientsin.....	May 13-26.....	5		
India:				
Bombay.....	Apr. 22-28.....	26	9	
Calcutta.....	Apr. 29-May 5....		7	
Karachi.....	Apr. 22-May 5....	4	2	
Madras.....	Apr. 22-May 5....	19	11	
Rangoon.....	Apr. 15-28.....	17	3	
Italy:				
Turin.....	May 21-June 3....	20	8	
Japan:				
Kobe.....	May 27-June 10...	19	7	
Nagasaki.....	May 28-June 3....	1		
Osaka.....	May 16-June 5....	114	37	
Philippine Islands:				
Manila.....	May 13-19.....	5		Varioloid.
Straits Settlements:				
Penang.....	Mar. 18-May 12....	5	2	
Sweden:				
Stockholm.....	May 20-26.....	1		

**TYPHUS FEVER.**

Greece:				
Saloniki.....	May 6-12.....		12	

**YELLOW FEVER.**

Mexico:				
Yucatan State— Peto.....	June 23.....	1	1	In person recently arrived from Mexico City.

## CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER— Continued.

Reports Received From June 30 to July 6, 1917.<sup>1</sup>

### CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
<b>India:</b> Rangoon.....	Apr. 29-May 5....	5	3	

### PLAGUE.

<b>Ceylon:</b> Colombo.....	May 6-12.....	4		
<b>China:</b> Amoy.....	Apr. 29-May 5....			Present and in vicinity. Jan. 1-May 17, 1917: Cases, 231; deaths, 116.
<b>Egypt:</b> Suez.....	May 12-17.....	4	2	
<b>Provinces—</b> Fayoum.....	May 11-17.....	12	6	
Girgeh.....	May 17.....		1	
Minieh.....	May 12-15.....	2	2	
Siout.....	May 12.....	3	1	
<b>India:</b> Madras Presidency.....	May 6-12.....	53	33	
Rangoon.....	Apr. 29-May 5....	23	21	

### SMALLPOX.

<b>Australia:</b> New South Wales.....				Apr. 27-May 10, 1917: Cases, 6.
Brewarrina.....	Apr. 27-May 10....	4		
Quambone.....	do.....	2		
<b>Queensland—</b> Thursday Island Quarantine Station.....	May 9.....	1		From s. s. St. Albans from Kobe via Hongkong. Vessel proceeded to Townsville, Brisbane, and Sydney, in quarantine.
<b>Canada:</b> Manitoba— Winnipeg.....	June 10-16.....	1		
Nova Scotia— Port Hawkesbury....	June 17-28.....			Present in district.
<b>Ceylon:</b> Colombo.....	May 6-12.....	1		
<b>China:</b> Amoy.....	Apr. 29-May 5....			Present and in vicinity.
Chungking.....	May 6-12.....			Present.
Harbin.....	Apr. 23-May 6....	7		On Chinese Eastern Railway.
Hongkong.....	May 6-12.....	1	1	
Manchuria Station.....	Apr. 23-29.....	1		Do.
Mukden.....	May 20-28.....			Present.
Shanghai.....	May 14-20.....	2	7	
Tsitshar Station.....	Apr. 16-22.....	1		On Chinese Eastern Railway.
Tsingtao.....	May 22-29.....	4		At another station on railway, 1 case.
<b>Egypt:</b> Alexandria.....	Apr. 30-May 27....	20	6	
<b>India:</b> Madras.....	May 6-12.....	11	9	
Rangoon.....	Apr. 29-May 5....		1	
<b>Portugal:</b> Lisbon.....	May 13-26.....	4		
<b>Russia:</b> Riga.....	Mar. 11-May 5....	2		Jan. 1-31, 1917: Cases, 7.
Vladivostok.....	Mar. 15-21.....	11	4	
<b>Turkey in Asia:</b> Trebizond.....	Feb. 25-Apr. 13....		15	
<b>Union of South Africa:</b> Johannesburg.....	Mar. 12-24.....	4		

<sup>1</sup> From medical officers of the Public Health Service, American consuls, and other sources. For reports received from Dec. 30, 1916, to June 29, 1917, see Public Health Reports for June 29, 1917. The tables of epidemic diseases are terminated semiannually and new tables begun.

**CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—**  
Continued.

Reports Received From June 30 to July 6, 1917—Continued.

**TYPHUS FEVER.**

Place.	Date.	Cases.	Deaths.	Remarks.
China: Tsingtao.....	May 20-29.....	1		
Egypt: Alexandria.....	Apr. 30-May 27....	830	232	
Russia: Riga.....				Jan. 1-31, 1917: Case, 1:
Vladivostok.....	Mar. 29-Apr. 4....	2		

X